

MEDICAL BOARD STAFF REPORT

ATTENTION: Members, Medical Board of California
SUBJECT: Report on Physicians Experience with Electronic Health Records
STAFF CONTACT: Kimberly Kirchmeyer, Deputy Director

BACKGROUND

The Department of Health Care Services has a program called the Medi-Cal Electronic Health Record or EHR Incentive Program which provides eligible Medi-Cal providers with \$21,250 during the first year of the program for adopting, implementing, or upgrading a certified electronic health record in their practices. In subsequent years, providers who demonstrate "meaningful use" of their EHRs by reporting on a set of objectives and clinical quality measures will receive \$8,500 yearly for up to 5 years. Over the life of the program providers can receive a total of \$63,750 in incentive payments from Medi-Cal. An email blast was sent to physicians notifying them of this program and its deadlines for application.

The Board also partnered with the University of California at San Francisco to assist the Department of Health Care Services in being able to baseline or provide a starting point for usage of electronic health records statewide. The UCSF drafted a survey that was sent out to physicians along with their renewal notice. This survey was separate from the Board's physician survey and asked questions regarding electronic health records. The information gathered from this survey by UCSF was used to draft a report for the Department. This report will provide the Department with the data they can use to see how this program impacts the use of EHR in the future. The Department of Health Care Services and UCSF is presenting its report at this July 2012 meeting.

Janet Coffmann, MAA, MPP, Ph.D., Assistant Adjunct, UCSF will be making a presentation on this report. Professor Coffman is an associate professor at the Philip R. Lee Institute for Health Policy Studies and the Department of Family and Community Medicine at the UCSF. She has been engaged in health workforce policy and research for over 20 years. Professor Coffman's other research interests include health insurance, access to care for vulnerable populations, and innovations in management of chronic illnesses. She serves as principal analyst for medical effectiveness for the California Health Benefits Review Program, a program of the University of California that responds to requests from the California State Legislature to provide independent analysis of the medical, cost, and public health impacts of proposed health insurance benefit mandates and repeals. In addition she directs an initiative at UCSF that aims to enhance capacity for UCSF students, residents, fellows, and faculty to conduct research using large, secondary datasets. She previously worked for the United States Senate Committee on Veterans Affairs, the San Francisco Department of Public Health, and the UCSF Center for the Health Professions. Dr. Coffman received a master's degree in public policy and a doctoral degree in health services and policy analysis from the University of California, Berkeley.

Full report can be obtained at: <http://www.chcf.org/publications/2012/06/meaningful-use-ehrs-physicians>

On the Road to Meaningful Use of EHRs: A Survey of California Physicians

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July 20, 2012



Outline

- Background
- Methods
- Findings
- Implications



Background

- The HITECH Act authorizes Medicare and Medicaid (Medi-Cal in California) to make incentive payments to hospitals and clinicians for meaningful use of electronic health records (EHRs)
- Total payments of \$27 billion over 10 years
 - \$2 to \$3 billion for California hospitals and health professionals
 - As much as \$44,000 (Medicare) or \$63,750 (Medicaid) per clinician



Background

- Broader adoption of EHRs has potential to
 - Improve prevention and early diagnosis
 - Improve management of chronic conditions
 - Improve communication among providers
 - Reduce medical errors
 - Reduce duplication of diagnostic tests
 - Reduce expenditures



Background

- Concerns about EHRs during initial implementation and beyond
 - Not designed with physicians' needs in mind
 - Distract from provider-patient interactions
 - Disrupt work flow
 - Increase errors
 - Reduce quality of care



Methods

- Supplemental questionnaire sent at the time of biennial physician licensure renewal to MDs with renewal dates from June 1 through July 31, 2011
- MDs could respond on paper or online
- Supplemental survey results combined with information from the mandatory survey and the Medical Board's core license file database



Meaningful Use Objectives Measured

Core Objectives

Collect patient demographics

Take clinical notes

Generate patient problem list

Order/transmit prescriptions electronically

Generate list of medications

Generate list of medication allergies

Generate routine reports for quality indicators

Transmit information electronically to/from providers to whom patients are referred

Menu Objectives

View or receive lab test results

Generate lists of patients by condition

Transmit data to immunization registries

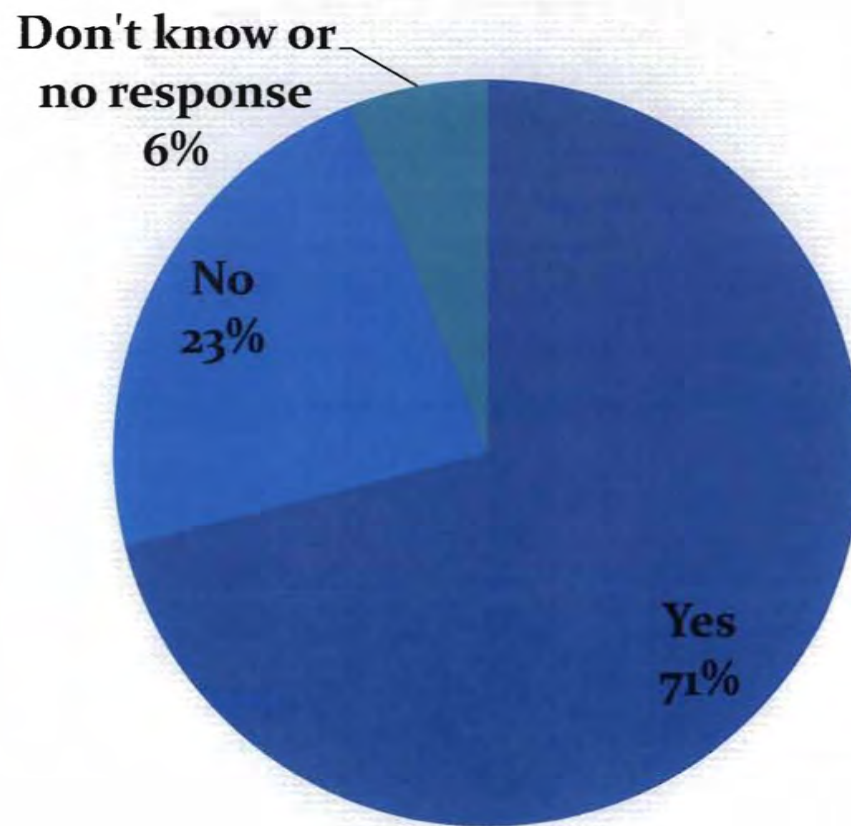
Provide patients access to own records

Response Rate

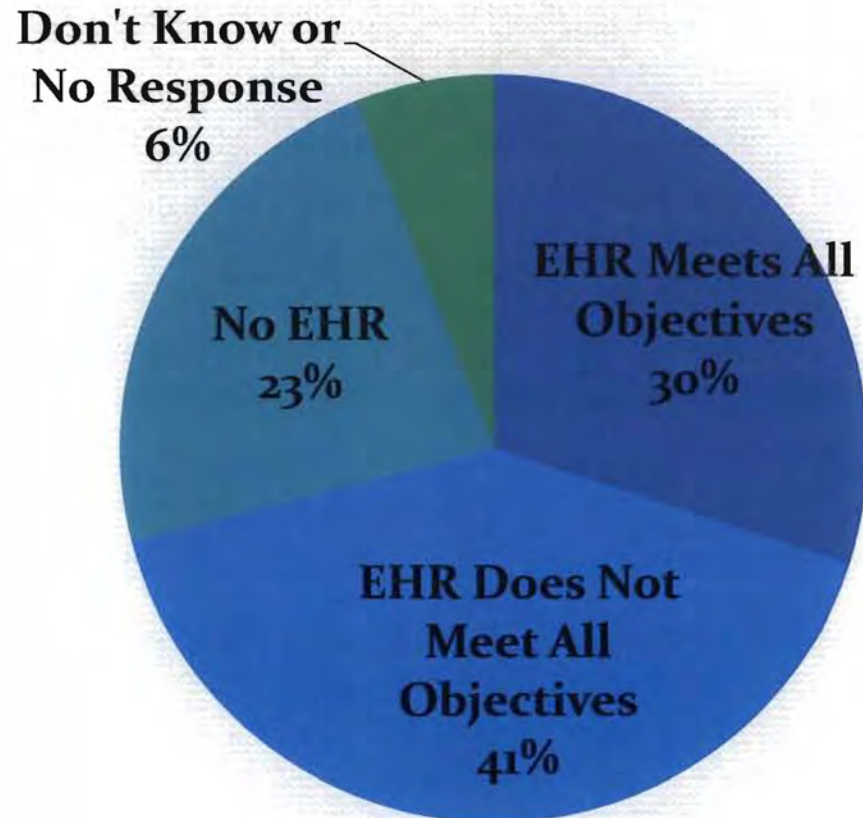
	Number	Percent
Number with license renewal due in June or July 2011	10,353	
Number with practice zip code in California and provide at least 1 hour of patient care per week	7,931	77%
Completed EHR supplemental survey	5,384	68%

Physicians with Any EHR

(n = 5384)



Physicians with EHRs that Meet All 12 Meaningful Use Objectives (n = 5384)

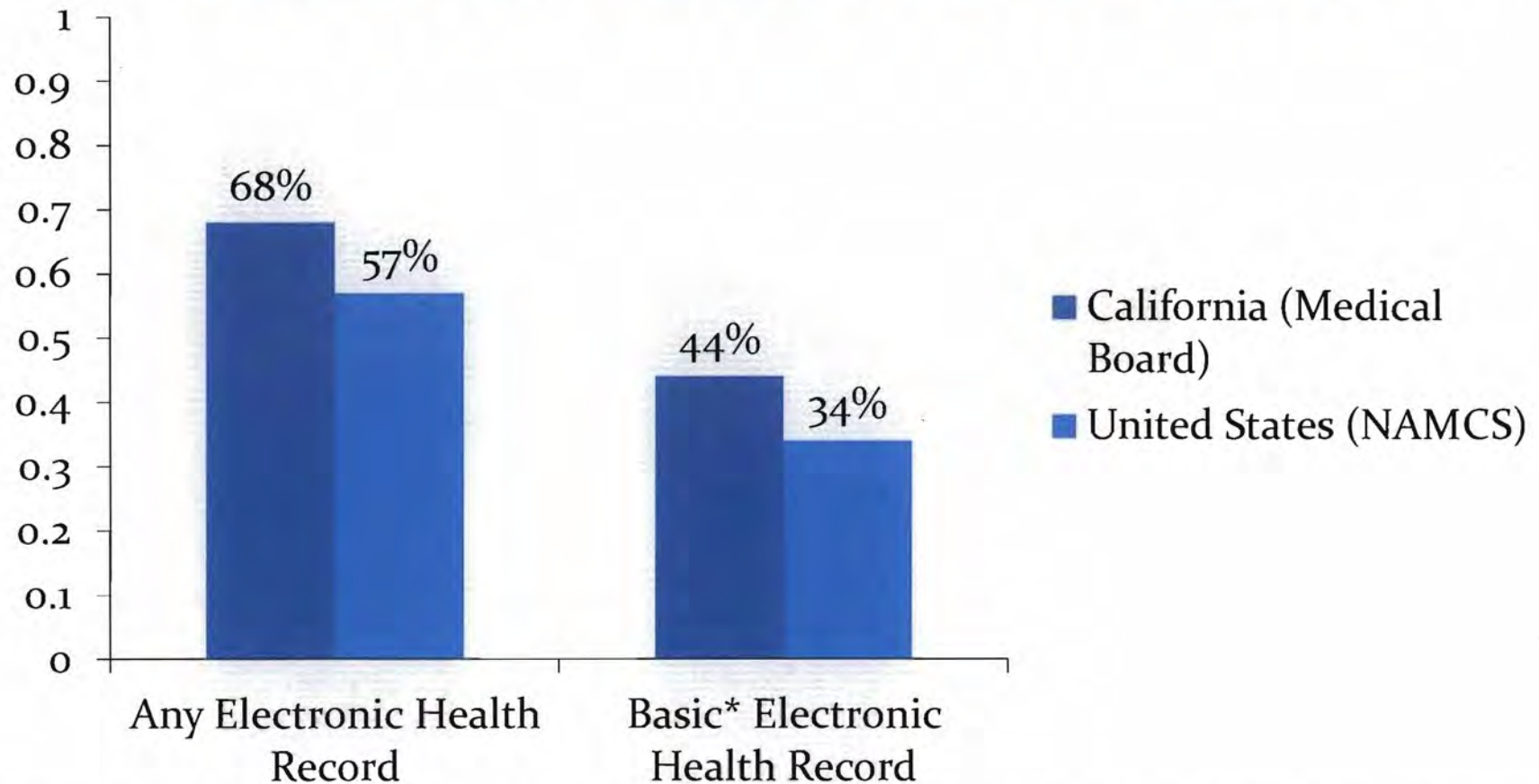




Availability of Specific EHR Functions

- Most Frequently Available
 - Take clinical notes (60%)
 - Generate list of medication allergies (60%)
 - Generate list of medications (59%)
 - View/receive lab test results (59%)
- Least Frequently Available
 - Provide patients access to own records (40%)
 - Transmit data to immunization registries (41%)
 - Generate routine reports of quality indicators (45%)

California Compared to the US



* Defined as an EHR that can collect demographics, take clinical notes, list patient problems, list medications, list medication allergies, order/transmit prescriptions, view lab tests results, view imaging test results.

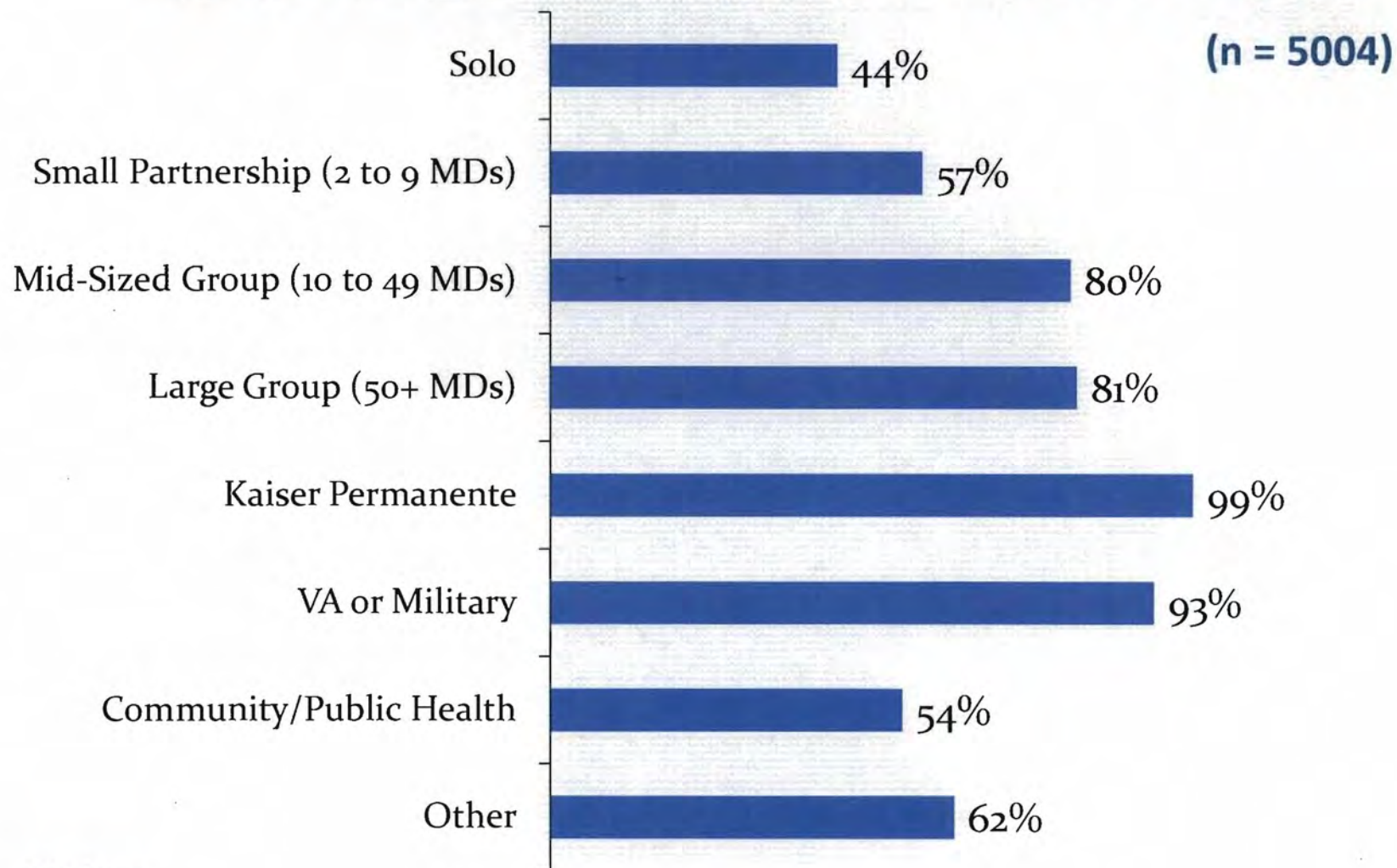
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Factors Associated with Having an EHR

- Higher rates of EHR availability among
 - Physicians in large practices
 - Hospital-based physicians
 - Urban physicians
 - Younger physicians
- Practice size has the largest effect

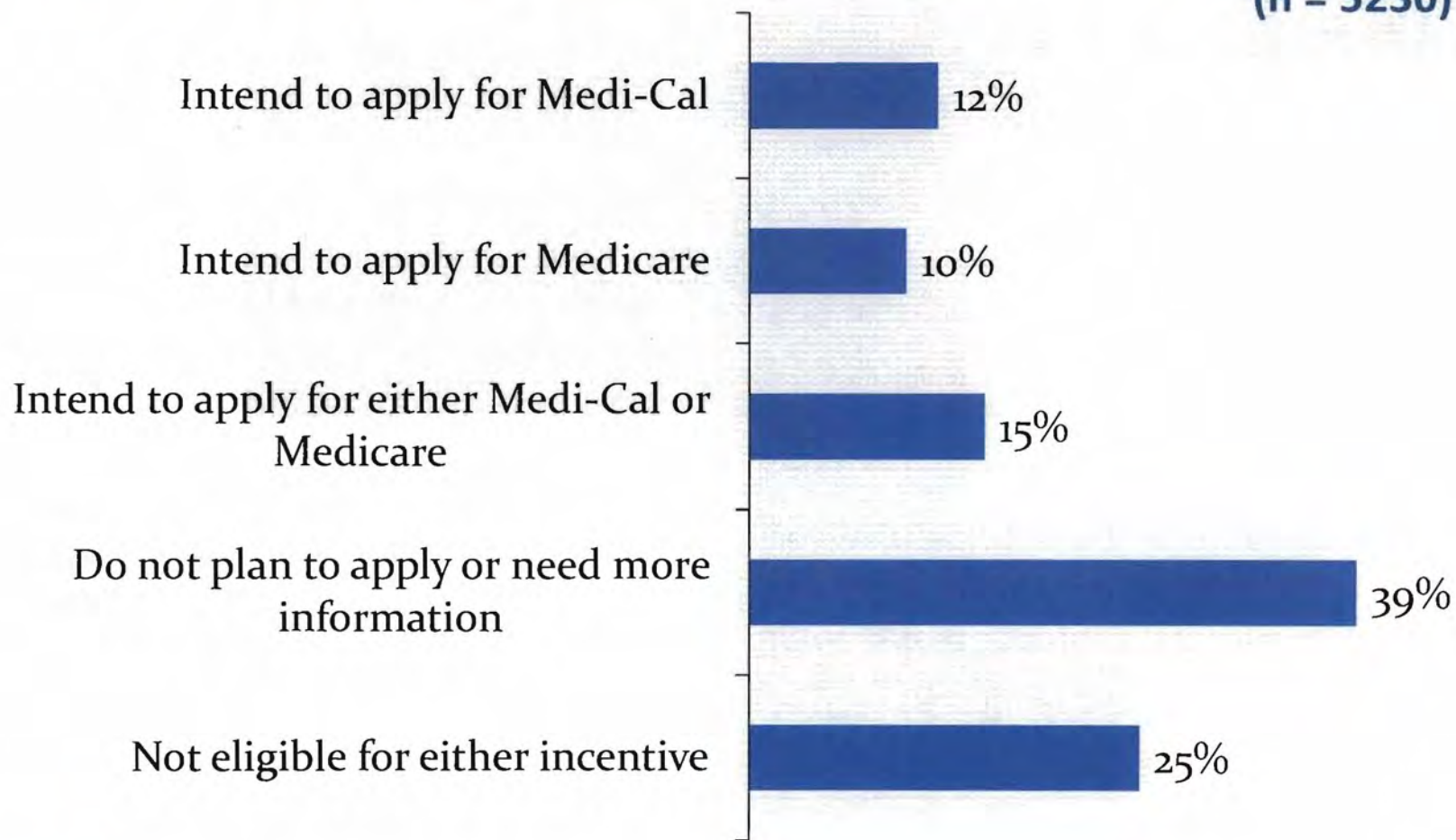
EHR Availability by Practice Type



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Plans Regarding EHR Incentive Payments

(n = 5230)





Eligibility for Medi-Cal EHR Incentive Payments

- An estimated 17% of physicians with active California licenses are eligible for Medi-Cal incentive payments
- Eligible physicians are more likely to
 - Practice in community/public clinics
 - Practice in rural areas
 - Be primary care physicians



Limitations

- Data are self-reported
- Not all physicians completed the survey
- Some responses were incomplete or implausible
- Did not include other health professionals eligible for Medi-Cal HIT incentive payments



Implications

- Need for ongoing education and outreach about Medicare and Medi-Cal incentive payments
- Involve DHCS, CMS, Regional Extension Centers, Medical Board, and others
- Emphasize the importance of using certified EHRs
- Place highest priority on outreach to
 - Community/public clinics
 - Small practices
- Survey again in 2013 to assess the impact of incentives



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Questions???